

2018 ENERGY EFFICIENCY INCENTIVE APPLICATION FOR COMMERCIAL & INDUSTRIAL CUSTOMERS

Valid for all Eversource ("Eversource"), United Illuminating ("UI"), Connecticut Natural Gas Corporation ("CNG") or The Southern Connecticut Gas Company ("SCG") commercial & industrial customers ("Participant"). **INSTRUCTIONS:** Please fill out this Application completely, truthfully and accurately and mail it to:

Eversource
Energy Efficiency
C&I Custom Measure Application
P.O. Box 270
Hartford, CT 06141-0270
email: commercial@eversource.com

OR

United Illuminating
Conservation & Load Management
C&I Custom Measure Application
60 Marsh Hill Road, Mailstop 3
Orange, CT 06477
email: business.save.energy@uinet.com Fax: 203-499-2800

CALL 877-WISE-USE
WITH QUESTIONS

Include the following documentation with your completed and signed application: Specification sheets W-9 (payee) Engineering analysis

Participant Information

Company Name (please print)	Contact Name
<input type="text"/>	<input type="text"/>
Mailing Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>
Telephone	Email Address
<input type="text"/>	<input type="text"/>

Contractor Information

Company Name	Contact
<input type="text"/>	<input type="text"/>
Mailing Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>
Telephone	Email Address
<input type="text"/>	<input type="text"/>

Facility Information

Facility Name (please print)	Contact Name
<input type="text"/>	<input type="text"/>
Facility Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>
Telephone	Email Address
<input type="text"/>	<input type="text"/>
Facility Type (select one):	Project Square Footage
<input type="text"/>	<input type="text"/>
Facility Type (if "Other"):	
<input type="text"/>	
Facility Electric Utility (check one)	Facility Electric Account Number (as stated on bill)
<input type="checkbox"/> Eversource <input type="checkbox"/> UI	<input type="text"/>
Facility Gas Company (check one)	Facility Gas Account Number (as stated on bill)
<input type="checkbox"/> Eversource <input type="checkbox"/> CNG <input type="checkbox"/> SCG	<input type="text"/>

Proposed Equipment Specification (Facility Detail)

Building, Room, and Equipment Identification (Installation Site):

Description of project:

This project will be: New facility Addition to existing facility Replacement of existing equipment New equipment Major renovation

Expected start date (if known): _____ Estimated project costs: _____

Expected completion date: _____ Is existing equipment operational? Yes No N/A



Substitute Form W-9

Request for Taxpayer Identification Number and Certification

(Give this form to the requester. DO NOT send to IRS)

NAME (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below)

ADDRESS (Number and Street)

CITY **STATE** **ZIP CODE**

PART I TAXPAYER IDENTIFICATION NUMBER

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see How to Obtain a TIN, on Instruction form EMS6002-2.

SOCIAL SECURITY NUMBER **EMPLOYER IDENTIFICATION NUMBER**
| | | -| | -| | | | **OR** | | -| | | | | | | |

Certification - Under the penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

Certification Instructions - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (Also, see Signing the Certification under Specific Instructions on instruction form EMS6002-2.

PART II FOR PAYEES EXEMPT FROM BACKUP WITHHOLDING (See Instructions)

Check one of the following below, if applicable. **Exemption Block**

- 1. ___ A corporation
- 2. ___ An organization exempt from tax under section 501 (a), or an individual retirement plan (IRA), or a custodial account under 403(b)(7).
- 3. ___ The United States or any of its agencies or instrumentalities.
- 4. ___ A state, The District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
- 5. ___ A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 6. ___ An international organization or any of its agencies or instrumentalities.
- 7. ___ A foreign central bank of issue.
- 8. ___ A dealer in securities or commodities required to register in the U.S. or a possession of the U.S.
- 9. ___ A futures commission merchant registered with the Commodity Futures Trading Commission.
- 10. ___ A real estate investment trust.
- 11. ___ An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 12. ___ A financial institution.

Signature **Date**
Please sign Here →